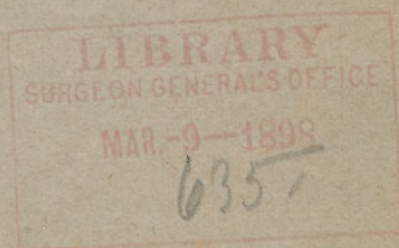


Reprinted from THE JOURNAL OF NERVOUS AND MENTAL DISEASE, November, 1897.

Report of the Committee of the American
Neurological Association on
THE AFTER-CARE OF THE INSANE.

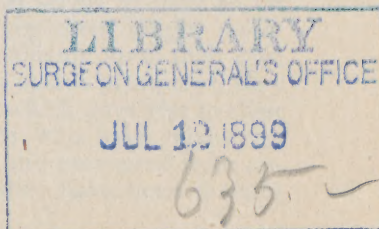


HENRY R. STEDMAN,
CHAS. L. DANA,
F. X. DERCUM, } Committee.

Submitted on May 5th, 1897, at the 23d Annual Meeting of the Association.

Report of the Committee of the American
Neurological Association on
THE AFTER-CARE OF THE INSANE.

HENRY R. STEDMAN,
CHAS. L. DANA,
F. X. DERCUM, } *Committee.*



Submitted on May 5th, 1897, at the 23d Annual Meeting of the Association.

REPORT OF THE COMMITTEE OF THE AMERICAN NEUROLOGICAL ASSOCIATION UPON THE AFTER-CARE OF THE INSANE.

This Committee was appointed upon the motion of Dr. C. L. Dana, of New York, at the meeting of this Association which was held in Washington, at the time of the last (1894) Congress of American Physicians and Surgeons. It was the outcome of a paper which was read and discussed at that meeting on the management of convalescence and the after-care of the insane.¹

The work of the Committee was begun by issuing a circular letter to certain prominent alienists and neurologists in the States of Massachusetts, New York and Pennsylvania. This number was afterwards increased in order to ascertain the sentiment of authorities on the subject in other parts of the country.

The letter ran as follows:

My dear Doctor:—

At a meeting of the American Neurological Association, held at the last Congress of Physicians and Surgeons in Washington, in 1894, a Committee on the After-care of the Insane, consisting of Dr. H. R. Stedman, of Boston; Dr. C. L. Dana, of New York; and Dr. F. X. Dercum, of Philadelphia, was appointed. Its purpose is to investigate and to report to the Association upon some feasible plan for the aid and supervision during the first month or two after their return from asylums to public life, of discharged pauper insane patients, who are recovered or improved.

Asylum physicians often hesitate, you are aware, to set at liberty certain patients whose condition seems to have so far improved as to make it useless to keep them longer under treatment, for fear that, thus thrown suddenly upon their own resources without oversight or perhaps means of support, they will fall back into the old habits of life which gave rise to their insanity. This applies also to patients who have recovered. These unfortunates are also distrusted and prevented from obtaining employment, simply because they have been inmates of an asylum.

These considerations led, in France, to the founding by Dr.

¹Journal of Nervous and Mental Disease, Dec., 1894.

Falret, in 1841, of an association for providing protection, assistance and homes for this class. It was, however, restricted to the department of the Seine. Its efficient operation has led to the recent establishment throughout that country, under the auspices of the French government, of *sociétés de patronage* (aid societies) for such discharged patients. Similar systems are in operation in England and Switzerland.

The office of an after-care society is to find for such discharged patients, according to their individual needs, suitable homes and places of employment; to provide gifts of money, clothing or tools; to redeem articles in pawn; to advance payment for rent, etc., etc., and finally to have them under supervision for the first month or two after their discharge.

We are of the opinion that the same need exists in this country, and that the work within our institutions for the insane should be supplemented by the same measures of outdoor relief on their discharge that have proved advantageous elsewhere. As this is an undertaking which has for its object the diminution of insanity by delaying or possibly preventing relapses, it seems to be called for both in the interest of humanity and of public economy.

The Committee would value your opinion on the subject and respectfully asks replies to the enclosed questions:

I. What are your views as to the practical utility of such an undertaking, generally speaking?

II. In your opinion should such an association be entirely a private charity, or would the co-operation of the State in its work be practicable?

III. Do you think it probable that benefit to a sufficient number of patients would result from the establishment of convalescent homes as departments of, but at a distance from our State hospitals for the insane? This inquiry is suggested by the proved usefulness of convalescent homes as adjuncts to general hospitals, and of summer cottages in connection with private institutions for the insane.

IV. (For superintendents of hospitals for the insane). Will you kindly give a rough estimate of the probable number of patients who have been discharged during the past year from the hospital under your charge, whom you would consider deserving of, and likely to be benefited, by such a charity, mentioning any special instances that may occur to you.

Yours very truly,

HENRY R. STEDMAN,
CHAS. L. DANA,
F. X. DERCUM,

Committee.

The result of this inquiry is as follows: Fifty replies were received; scarcely half a dozen less than the number of letters sent; a remarkable showing for a circular letter. Thirty of these are from superintendents of hospitals for the insane. They are for the most part full and comprehensive and, as might be expected from the practical experience of the writers, throw much light on the question. Thirteen only are from neurologists, as, in view of the apparently unanimous sentiment at the meeting in favor of the general adoption of after-care provisions for the insane, it seemed unnecessary to extend the canvass further in this direction. The remaining six replies are from members of boards of lunacy and charity.

Of the entire number of correspondents but six are either doubtful of the desirability and practicability of after-care associations for the dependent insane, or are decidedly opposed to such a step. The reasons given by them are that the number of cases which are likely to be benefited by such aid is too small to make it advisable; that while such a project might be desirable, it is inexpedient; that while excellent in theory it would be impossible in practice, etc. By far the most forcible argument on this side of the question will be found in the appended letter of Dr. Thos. G. Morton, Chairman of the Committee on Lunacy, of the Board of Lunacy and Charity of Pennsylvania.

On the other hand, the overwhelming majority of forty-four in fifty (or forty-seven in fifty-three, if the Committee be included) express, and in not a few instances, in the strongest terms, their decided belief in the great advantages to result from properly organized and conducted aid societies of this kind for discharged insane patients who are recovered, convalescent or improved. It is impossible within the limits of a committee report to give even a summary of the experience and arguments offered by these observers. The published replies, which are appended,² must be read to adequately appreciate the strength of the sentiment in this direction.

Regarding the number likely to be benefited in this way, the experience of superintendents of hospitals for the insane, as indicated in these replies, is not of much assistance, as the few who replied found it difficult to properly estimate the number of deserving patients. It would seem as though special inquiry of the individual patient when he leaves the hospital as to his circumstances and future surroundings is not customary in many institutions, although in some States he is provided with a sum of money or clothing. Fourteen only of those superintendents, who had charge of the class of patients to whom such a charity would be applicable, answer this question. Of these, nine think that there were "many" appropriate cases among patients who had been discharged from

² See Appendix.

the hospitals with which they are or have been connected. Some of them say "great numbers" or "a great many," and one "nearly all discharged." Of the remaining five, three think that a few patients a year from each hospital might, perhaps, derive benefit from such an organization, while two think that no benefit at all would result.

As to the auspices under which such associations should be conducted, it is the general opinion of both the alienists and neurologists that they should by all means be begun as private organizations, and so continued until their utility be demonstrated. If successful, State aid could probably then be obtained.

In reply to the question regarding the advisability of establishing State homes for convalescent patients as a part of the general policy of States toward their insane, there is more diversity of opinion but the same degree of interest and careful consideration of the subject. Scarcely a member of this Association has written in opposition, and of twenty-nine hospital superintendents and other alienists nineteen were warmly in favor of such an accessory provision, five were doubtful of its expediency and five were decidedly opposed to the project. Of four members of lunacy and charity boards, one is in doubt as to its utility and the rest think it would be an unnecessary and useless experiment.

As the result, therefore, of their inquiries on the subject of the after-care of the insane, your Committee reports the following conclusions:

First. It is the general and well-nigh unanimous sentiment of those who are the most conversant with the needs of the insane in this country that measures should speedily be inaugurated for the temporary relief of discharged recovered convalescent and improved insane patients of the dependent class by organized outside assistance.

Second. As a preliminary step, inquiry should be made of all such patients before they leave the hospital, regarding the mode of life, surroundings and occupation to which they are returning, and appropriate advice given by a medical officer of the hospital. This precautionary measure is, we believe, too often neglected in large institutions for the insane.

Third. The legal provision, whereby an allowance of money and clothing is made in some States to each patient on his discharge, should be adopted by all.

Fourth. Outside assistance can best be provided, we believe, through the medium of an after-care association which, until its utility be proven, should be entirely a private undertaking, and should be organized like most existing charitable associations depending upon voluntary contributions. Obviously, a large city offers the best field for starting and developing such a system.

Fifth. The special methods of after-care relief by such an association should be those employed by similar organizations in other countries: England, France, Switzerland, or a selection of the best methods of each; these may be modified later to meet special conditions.

Such relief should, at first at least, be extended only to the class mentioned, and be understood as temporary, covering only the first month or two following the patient's discharge. The work may be best done by associates or agents appointed for the purpose, who shall find suitable homes and situations for all proper cases. There should also be systematic supervision of the homes by agents for the time specified or until the patient seems to be under good conditions for taking up life and work again. This applies also to patients returning to bad surroundings in their own homes. Reports should be made and records kept of each case.

Sixth. We believe it a duty that is especially incumbent upon this Association to take up in this way the work of the hospital physicians, and to see that the good accomplished in institutions be supplemented by proper outside supervision in appropriate cases; and we would urge its members to actively engage in the formation in their respective States, of relief associations for the after-care of insane patients of this class on their discharge from hospitals, and to endeavor to enlist in the work of co-operation all friends of the insane so far as practicable. To facilitate this, your Committee would suggest that a brief compilation from all available sources of the methods employed by such organizations abroad, be authorized and published by the Association for distribution to all who are interested in furthering this work.

Seventh. Regarding State convalescent homes, there is abundant evidence of the most authoritative kind of the advantages to follow from their establishment, but, in our opinion, the first reform in the order of precedence should be the general recognition of the necessity of separate hospital treatment of insanity in its early and active stage, and the actual adoption of special provision for the "acute" insane as an indispensable step in the hospital treatment of public insane patients. Only when this result is reached should separate establishments exclusively for convalescents be added to the already large burden of expense for our dependent insane.

The Committee acknowledge with gratitude the assistance given them by the numerous and full replies to their circular letter.

HENRY R. STEDMAN,
C. L. DANA,
F. X. DERCUM,

Committee.

APPENDIX.

REPLIES TO THE CIRCULAR LETTER OF THE COMMITTEE OF THE AMERICAN NEUROLOGICAL ASSOCIATION UPON THE AFTERCARE OF THE INSANE.

From Dr. H. E. Allison, Medical Superintendent of the Matteawan State Hospital (for Criminal Insane), New York, N. Y.:

"I think the field is open for the operation of a large and wise charity in this direction of after-care for the insane; as by helping patients at a time when they most need help, many of them could be made independent and self-supporting. Such a plan of organized relief, if placed in competent hands, would do much to benefit and alleviate the condition of the individual, and ultimately result in economy to the State.

"An after-care society would find a field for work that would be decidedly practical and helpful to discharged inmates of the class mentioned, namely, the friendless insane who are without money and seeking employment. Many such patients are anxious to secure positions in order to support themselves and have no means and no one to whom they can look for assistance. Assistance is extended to the criminal and should be to the insane. Charitable societies are formed and are in operation, whose purpose it is to aid such inmates of our penal institutions as may be released from custody. The State, by furnishing money, as well as other aids through official agents appointed for that purpose, recognizes this duty. It also provides that the convict may retain a percentage of his earnings in prison to be used towards the ultimate end of self-support, and also endeavors to educate him and to teach him a trade, and often refuses to discharge the inmate until assurance is given that some position is waiting for him, to which he may go upon his release. Reformatories and prisons are

conducted upon this plan. The insane, who are also in a large measure dependent, should be equally protected until able to care for themselves. Reports to the reformatory and to the prison in certain cases are required to be made for a definite period until the paroled inmate has become self-supporting and established.

"I believe the State should co-operate in providing for the after-care of its insane by charitable organizations for that purpose.

"Regarding State homes, I think it probable that more good would come from furnishing to the patient, upon discharge, some individual home or place where he could enter the world again with the assurance of there being able to provide for himself. No doubt the convalescent home would benefit. Such adjuncts at present are useful in connection with many hospitals for the insane. Detached cottages, summer homes, convalescent departments in the country are undoubtedly of great service, and contribute to the successful care of the insane. Several years ago at the Willard State Hospital a large farm house was occupied for one summer by women patients while several wards were undergoing extensive repairs, and the change effected surprisingly good results and contributed much to the health and comfort of the occupants. I believe in convalescent homes connected with hospitals for the insane as an adjunct to treatment, and they should be supplemented by out-patient relief.

"Nearly all patients who are absolutely released from this institution require some assistance, and we endeavor so far as possible to ascertain their destination and prospects before discharging them from custody. Several men have been assisted by various charitable societies for a time, and afterwards have become self-supporting. We are in receipt of letters occasionally from such cases who struggle, and with temporary help succeed in getting on. Several patients have written to this hospital asking to be taken back, and have offered their gratuitous services for a home. One patient walked about seventy-five miles and asked for re-admission, saying he could not get work. He was furnished a position with a family in the neighborhood and remained well, but ultimately became intemperate and has now drifted out of notice. Several have succeeded well in similar circumstances with a little aid from others. The criminal, the insane, and the insane criminal, all need help, support and intelligent direction until able to provide for themselves. Any effort to this end is a move in the right direction.

From Dr. J. B. Andrews, the late Superintendent of the Buffalo State Hospital, New York:

"I am inclined to think that such an undertaking for the after-care of the insane is one of practical utility. It would seem to me more practicable to have it as an adjunct to some private charity, which would not only find employment for, but also exercise supervision over, such discharged patients, and leave to the State the establishment of convalescent homes at a distance from the State hospitals.

"I think it would be more practicable, at least until the work is established, that this work be done by private associations; with provision that they have State financial aid in certain cases, if necessary.

"Yes; I believe that not only comfort and happiness, but recovery in some cases could be hastened or determined by the judicious use of State convalescent homes at a distance from the parent institution, where those patients who had reached a point where change, different occupation, interest, etc., would be beneficial, could be sent.

"A rough estimate would place the number of patients who would be deserving, or likely to be benefited by such a charity [after-care associations], as about twenty out of the hundred and two recovered patients discharged from this hospital last year; most of them young men and women who needed friends, encouragement and employment."

From Dr. C. P. Bancroft, Medical Superintendent of the New Hampshire Asylum for the Insane:

"In States where State care prevails, the State assuming the custody and support, as well as treatment of its patients, I should think that the after-care of the insane in the manner outlined in your letter would be of great practical utility.

"In my opinion it would be preferable for the State to cooperate in this work, if not to assume the entire control of it.

"I think it very probable also that benefit to a sufficient number of patients would result from the establishment of convalescent homes at a distance from our State hospitals. Such small establishments not only favor convalescence, but also furnish a very good test as to the mental capacity of the patient. The convalescent accommodations connected with this institution have enabled us oftentimes to demonstrate whether a person is able to be thrown upon his own responsibility, and one of the most valuable features of this system, as practiced here, has been the preliminary test of the capacity of the patient for self-support outside of an institution.

"In the New Hampshire Asylum there are many patients

who are, by the assistance of certain charitable funds, supported by their relatives. Consequently, in the New Hampshire asylum there are many patients who are practically private, and have homes to go to when they are discharged, but out of the number of dismissals of public charges during the year there were at least as many as twenty-four patients who would have been materially benefited by such a charity. I think there is no question that in every year there would be a number of patients, who, if assisted in this way and not allowed to drift about unaided, might continue self-sustaining."

From Dr. H. M. Bannister, of Chicago:

"I believe that the idea is an excellent one and that the plan, if carried out, will be of great benefit to such patients as have no homes or friends to go to on their discharge.

"I believe there are some advantages in having any establishments apart from the asylums as a private charity, as the French *sociétés de patronage* are, at least to a great extent. The State, however, should provide, as is done in some, if not in all, a small sum of money to patients on their discharge, which might be put under the control of this society. It might be of advantage to have a fund for the temporary employment, at small wages in the hospital, for a portion of the recovered, but friendless.

"That is the plan that suggests itself to me as advantageous. As to a State convalescent home, I think it might be located to advantage in a city that supplies a large number of indigent patients to the hospital. It would be an advantage to have it for a home for the discharged patient while looking for employment, and it might be managed so as to supply some slight amount of remunerative work for a time, if this be thought best."

From Dr. G. Alder Blumer, Medical Superintendent of the Utica State Hospital, New York:

"Everyone who is familiar with the history of the insane in Great Britain and knows what has been accomplished in that country by the intelligent initiative and tireless energy of the Rev. H. Hawkins, chaplain of Colonel Hatch Asylum, cannot question the practical utility of an after-care association for the United States. While it is no doubt less difficult for the discharged patient to procure employment in this country than in the crowded labor markets of Europe, all experienced alienists must recall cases where discharge might have occurred earlier if they had been able to occupy a middle ground of care

and shelter pending the renewal of bread-winning outside, under conditions most favorable to continuous health and independence. New York State, however, has always treated her dependent insane humanely, and for many years there has been on the statute books a provision permitting—indeed requiring—the patient to be properly clothed on discharge and furnished with money “not exceeding \$25.00,” to defray his immediate expenses until he shall “find employment to earn a subsistence.” But it is not clothing and money alone that are required. The patient who has been clothed and fed and cared for by the State sometimes suffers by that bounty, is enervated by it, and shrinks, from a lack of self-confidence, both natural and thus acquired, from putting forth an effort in his own behalf. The patient, loath to leave the State hospital and face the world of stress and struggle, is by no means a rare phenomenon, and he is not necessarily a shiftless, lazy man. For him the association would be useful. Especially in the case of the friendless and homeless, and for the men who have an unfortunate taste for strong drink the beneficence of the scheme would make itself felt.

“It should be entirely a private charity. The State already does all that can be reasonably expected of her in the treatment of the dependent insane. A little private philanthropy in their behalf might be encouraged with advantage. And would not the co-operation of the State in such a scheme establish a dangerous precedent in so far as it might give rise to other enterprises, pseudo-philanthropic and less worthy, for which the substantial aid of the State exchequer would be sought?”

“I have never felt the need of a convalescent home as an adjunct to the Utica State Hospital. Farm houses at some of our institutions, where the patients enjoy a large liberty, answer an equally good purpose, and the open wards of others, together with the shops, offer an opportunity for the convalescent equal to that of the home.

“During the past year, at a rough estimate, I should say that about half a dozen patients might have been benefited by the provisions of an after-care association.”

From Dr. Charles H. Brown, of New York:

“There undoubtedly should be some means to accomplish this end [establishment of after-care associations] either through the aid of philanthropy or legislative action.

“Philanthropy should govern such an institution. Political supervision undoubtedly would ruin the object sought in many ways.

“This point [the desirability of State convalescent homes for

insane], like many other medical improvements, should have suggested itself to our present (New York) State Lunacy Board, and in some way been experimented with. There certainly should be a State convalescent home away from the general hospitals. There should be really two, one for the borderland and greatly improved type, and the other for the fully recovered."

From Dr. J. P. Brown, Medical Superintendent of the Taunton Lunatic Hospital, Massachusetts:

"I should think such an agency or association as your circular suggests might be very helpful to many patients who have no relatives or friends to give them a home or assist them to employment after they are discharged from the hospital. It would result in earlier discharges in those cases which need assistance than would otherwise be wise, and might prevent relapses in some cases. I highly approve of the general idea as stated in the circular.

"I am of the opinion that it should first be organized and put on a thoroughly practical basis, as a private charity, and then after its usefulness is demonstrated it would be comparatively easy to induce the State to render such aid as it may need.

"A convalescent home for each hospital might be very useful, and would be a very practical way of rendering aid in many cases.

"Thirteen, and perhaps a few more than that number, have been discharged during the past year, who might have been aided by such an association."

From Dr. Edward N. Brush, Physician in Chief and Superintendent of the Sheppard Asylum, Maryland:

"Such an undertaking as is in successful operation in England and France, as I have had occasion to observe, would, I think, be in many cases of great value to the convalescent insane, who have no suitable homes or whose 'after-care' is apt to be of the worst possible character. It should be a private organization, certainly until its utility is demonstrated.

"The very large majority of our patients pay something; all have homes and friends, and none depend upon public aid.

"I always advise friends as to after-care, occupation, etc., and quite commonly advise a patient's going to the sea shore, mountains, or similar places, rather than directly home.

"The benefit to result from State convalescent homes is doubtful, and the attempt to organize such a system might, by the growth of expense which it would foreshadow, be a stumbling block in the way of better care for the insane."

From Dr. C. B. Burr, Superintendent of Oak Grove Hospital, Flint, Michigan, (formerly Superintendent of the Eastern Michigan Asylum):

"Desirable as an organized system of after-care for the insane undoubtedly would be, I question its expediency.

"Private charities are so numerous, and popular subscriptions so unreliable and so dependent upon temporary business conditions that the outlook for a new charity is not hopeful. Before organization there should be a previous endowment (permanent). State aid (I speak from experience in Michigan) cannot be looked for.

"A convalescent house in connection with any State hospital would be desirable. I am satisfied that great good would result from it."

From Miss Rosalie Butler, of the State Charities Aid Association of New York:

"I have really no direct knowledge of the condition of persons discharged from the New York City Asylum, now Manhattan State Hospital, the only asylum with which I am personally acquainted. In looking over the statistics of the asylum it has appeared to me that the number discharged cured was very small in comparison with the proportion given elsewhere (in other institutions); so far as I have had opportunity to compare them, and on a *priori* grounds, I should think that efficient oversight and assistance of those discharged would tend to facilitate discharges. Further, my observation of the general hospitals of the city, and what I hear of the private hospitals leads me to believe that care for the convalescent is one of the crying needs of the community; on a *priori* grounds I should suppose that the same thing would apply to the insane.

"I am not properly qualified to pronounce an opinion on such a point, without previous study. My prepossessions are in favor of private charity rather than State action. In the present condition of public affairs public institutions tend to become more or less political machines, and it appears to me that a well-managed private institution can maintain a higher standard. I doubt the wisdom of extending the limits now set to the care of individuals by means of money raised by taxation.

"I should suppose that every asylum ought to have a convalescent department, where recovering patients might be tested by being taken out of the society of lunatics and the restraints of an insane ward. But only those who are practically familiar with the management of the insane can properly answer such a question."

From Dr. Walter Channing, Medical Superintendent of the Private Hospital for Mental Diseases, Brookline, Mass.:

"I should endorse after-care associations in the strongest way as a much-needed reform. Each State would have an association of its own, I suppose, and there would probably be a national association.

"Probably this should be at first a private undertaking—later, mixed; ultimately, wholly State. This applies to Massachusetts; other States might follow a different plan.

"Regarding the advisability of State convalescent homes, I should answer, 'Probably yes.' They could be at first simple farm buildings, and could do considerable good at a small cost."

From Dr. J. B. Chapin, Physician and Superintendent of the Pennsylvania Hospital for the Insane, Philadelphia, Pa.:

"The question of the disposition of a convalescent or recovered patient is one that exercises the thought of a hospital physician. As a rule of experience, if the patient is convalescent or has recovered, and has a home to go to, the sooner the patient resumes normal environments the better for him. I cannot speak of the practical utility of such an undertaking, as you propose, as I have had no opportunity to observe any results. Patients admitted to this hospital [Pennsylvania Hospital for the Insane] usually have homes. I can understand that patients may convalesce or even recover at a State hospital, and that the question of their disposition may then come up and be a subject of embarrassment.

"It is partly true that many recovering patients reach what may be called a convalescent stage, and then become stationary; and that quite as many in that stage are improved by a removal from all institution influences; and that a continuance in a hospital, or any annex, is often deleterious. It is part of my practice to advise the removal of patients, who have the means to pay the cost, to private homes or quiet hotels, where a certain time may be passed during this transitional stage. Such persons, under the care of a judicious companion, often make more rapid changes for the better than might be expected in any organized institution. But I doubt very much the practical utility of establishing an after-care institution for patients of the public class remote from the parent hospital.

"An after-care association should be preferably a private charity if disassociated from a hospital.

"In my opinion it is practicable to establish in connection with every State hospital a department for convalescing patients, within reasonable proximity to the parent institution, and under the direction and management of its officers. The

advantage of such an arrangement obviously is that the hospital physician ought to know best what the patient may be able to bear, and where he should be best placed. The proximity of such an annex would render transfer back to the hospital, if necessary, comparatively easy. I can well understand that there may be objections even to this plan. It is not to be assumed because homes or annexes have been established in connection with a parent hospital, or in connection with private institutions for the insane, that they are devoted to the convalescing class. In my observation they are not; but they form a means of relaxation and change, which are recognized as very valuable even to patients of the chronic class, who are yet quiet, and have an appreciation of change. In several of the institutions of this class with annexes I have known convalescing patients to improve very much by the change, yet the majority have not been of the convalescing class.

"This is a private hospital. All patients discharged, recovered or improved, are removed by relatives to homes. A few patients in indigent circumstances would have been surrendered to an after-care institution by their friends, but the number is limited. Probably two or three might, or might not, have sought a convalescent home, if it had been offered."

From Dr. Robert H. Chase, Medical Superintendent of the Friends Asylum, Frankford, Pa.:

"I am in full sympathy with such measures as you suggest, to render aid and protection to discharged patients from the State hospitals, according to their individual needs.

"I think the project would be of great practical utility.

"Regarding the auspices under which it should be conducted, it would depend much on the scope of the undertaking. I see no objection to State aid, if obtained under proper conditions.

"It seems to me probable that much benefit would result from State convalescent homes, as it has in the two instances you cite.

"As all of the patients in this institution are of the private class, your inquiry hardly applies to them, although with them even a suitable case now and then occurs. But in my former service at the State hospital at Norristown there would be no difficulty in selecting many appropriate cases each year."

From Dr. Edward Cowles, Medical Superintendent of the McLean Hospital, Waverly, Mass.:

"I should think that the organization of an after-care society, with successful examples for guides, would be likely to

do good work. My attention not having been especially directed to this subject before, I should think it might require considerable time and patience to put the undertaking on a working basis, but its practical utility seems to me very probable.

"I should think it likely that it would have to be started as a private charity, and some demonstration be made of its essential usefulness before practical legislators would believe in it. It is in the line of the good things that might be developed under the fostering influence that ought to be exerted by a good lunacy commission.

"The suggestion [State convalescent homes] seems to me an eminently sound one. It is in line with the modern excellent idea of truly 'hospital wards' as adjuncts of the great State hospitals. Such detached departments should promote most logically the recovery of the acutely insane of any social grade, as they do in the Massachusetts General, and Boston City Hospital.

"Patients of the McLean Hospital, who are of the self-supporting class, get precisely the effects of after-care in their own homes. It is always a matter of careful study to consider the surroundings into which a patient shall pass, and we almost always have patients go on a visit for a time before discharge; but there would sometimes be cases that could be aided by after-care."

From Dr. John Curwen, Medical Superintendent of the State Hospital for the Insane, Warren, Pa.:

"There can be no doubt of the great benefit of after-care associations if they could be conducted in the true spirit.

"I very much doubt if the co-operation of the Commonwealth could be secured for the establishment and maintenance of such an organization. The demands on the Treasury for purposes, which should be maintained entirely by private parties, are such that no money could be secured for such an object continuously year by year. It is doubtful, also, in the great demand for objects of a charitable character, whether adding another to the long list could meet with such favor as to secure a steady and continuous supply of the needed funds.

"If arrangements could be made, such as are in operation in France, great good might be obtained from State convalescent homes, but in this country the diverse interests in different States would, I fear, be a serious drawback to the successful maintenance of an institution as it should be kept up.

"The people are not yet educated up to the necessity of such a measure, so that they would willingly and regularly contribute to the proper support of such an institution, and without a generous and hearty support no such institution could be

maintained at a standard which would meet the emergencies daily arising.

"It is the practice of this hospital to keep all cases which have a reasonable prospect of restoration until such restoration has been effected, and the authorities of the different districts are in full accord with the practice, and as the patients are restored, they are able to take their places in the positions they have previously held, and maintain them successfully. Relatives will sometimes insist on removing their friends before they are entirely restored, but they are generally able to look after and provide for them."

From Dr. Richard Dewey, Medical Superintendent of the Milwaukee Sanitarium, Wauwatosa, Wis., formerly Superintendent of the Illinois Eastern Hospital for the Insane, and President of the American Medico-Psychological Association:

"In my experience of fourteen years at Kankakee, I was more and more impressed with the importance of after-care from both humanitarian and economic standpoints, as set forth in your admirable circular. No small part of my time and energy was devoted to this very business of endeavoring to secure conditions whereby cured, convalescent or probationary patients might be favorably surrounded on leaving the hospital, believing this to be a duty appertaining to somebody, if the work of the hospital for the insane was to meet its full measure of success.

"Would it not further the work of your Committee to disseminate information concerning the "Patronage" society of Paris and the work done in the same line in London? The former is described by Victor Parant in the July or October issue for '94 of the American Journal of Insanity.

"Wherever and whenever the co-operation of the State can be secured it ought to be. It seems probable that private and voluntary work of after-care will form the nucleus around which State aid will grow, but a preliminary work of education will be required. The higher the civilization and culture of the community, the more certain will be the general appreciation of the necessity of after-care. Yet it would seem that any community which recognizes the need of after-care for convicts would equally see the necessity of the same for the insane; the latter are innocent and even more helpless than the convict.

"The institutions are moving in the direction of convalescent homes, and will continue to enlarge the work by means of convalescent cottages and wards. If these were entirely separated from the institutions (and at the same time properly equipped and supervised), they would do their work far better. For this purpose the aid of right sentiment and individ-

ual effort is exceedingly important on the part of those outside who co-operate.

"In my experience in a State hospital the number which might be benefited by an aid association was large. I cannot now give figures; perhaps 10 per cent. at Kankakee.

"I have known patients in great number, whose own people would not have them at home, who only needed an opportunity to go out in order to do well permanently, and I have more than once secured places for such people where they labored with mutual satisfaction for many years. * I often required when a patient recovered that the relatives should come and see him or her at the hospital, and thus sometimes the prejudice against the return home could be overcome."

From Dr. W. Brown Ewing, Physician-in-Chief of the State Asylum for the Chronic Insane, Wernersville, Pa.:

"I think that such a scheme would be not only humane but practical, and I feel that it would be of great service to those for whom it is intended.

"Patients should be as far as possible removed from the causes of their attack, and the liability to its return decreased as far as possible. Former associations, if renewed, will often produce the same results as previously on a mind just recovering.

"As the State has to support the patient after he becomes insane, anything that would lessen the liability to an attack would certainly be a direct benefit to the State, and the expenses should, in part at least, be borne by it.

"I will go even further than that and say that the State should bear *all the expense*.

"I believe in the practicability of State convalescent homes near hospitals for acute diseases.

"Formerly I knew of many cases who were discharged, with fear and trembling, and returned to their homes and to old surroundings and associations, and relapsed. Here, in this asylum, I have known of only one case which relapsed, but I have had only two discharged as recovered.

From Dr. Charles F. Folsom, of Boston:

"The establishment of after-care associations seems to me exceedingly worth while, and the co-operation of the State seems to me desirable in such an undertaking."

From Dr. Edward French, Superintendent of the Medfield Insane Asylum, Medfield, Mass.:

"I think that an after-care association would be a useful and a very excellent charity for both patients and the general public.

"I think it would be more successful if it were an entirely private organization. There would be less publicity, and consequently the feelings and pride of the patients would have more protection. There is also more interest taken in private enterprises by the rich benevolent.

"Regarding State convalescent homes, I do not believe in taking a patient from one institution to place him in another. His surroundings should begin to approach those of his future life as much as possible. Convalescent homes are generally managed on the institutional plan, and the departure from the management of the parent institution is not enough to secure the greatest good.

"This institution, Medfield Insane Asylum, is too new to have a record of discharges."

From Dr. William A. Gorton, Superintendent and Physician of the Butler Hospital for the Insane, Providence, R. I.

"I have always thought that such after-care societies for the middle and lower classes would be of great value."

"In the present temper of the public, I should think a small beginning, as a private charity, would be advisable. If successful, public aid could probably be obtained. I should hardly expect much aid from the State for some time.

"I should not personally favor such [State convalescent] homes as departments of public hospitals. They would soon be utilized by chronic cases who could never go out into the world, and their true aspect be defeated thereby. A central industrial establishment might be of service, the able-bodied being paid something for their labor for a limited period. But the character of such an establishment would necessarily be gradually evolved in my opinion from the practical experience of original charity experiments.

"When I was in a State hospital I saw quite a number of cases who could have gone away earlier from the institution, had there been an intermediate station for their care, than they could have under present conditions. Here, with private cases mostly, the need is not so apparent."

From Dr. William D. Granger, Superintendent of "Vernon House," Bronxville, N. Y.:

"After all objections that can be raised, I think well of such a society as is suggested. The agents would, however, have to be very tactful, and the society would have to work in harmony with the asylum authorities. It must be remembered, however, that the recovered insane in most cases look lightly upon their insanity and fail to appreciate the gravity of their past illness, and regard the future with either uncon-

cern or are unreasonably hopeful, while advice is often received with studied indifference. This is also frequently true of families and friends. The patient is anxious "to take up the burden of life again"; to return to his old ways of living, his old habits, and is extremely restless during the period of enforced convalescence. It is also true that most patients wish to have it unknown, or at least not spoken of, that they have been inmates of an asylum. They are suspicious if visited by their old asylum physician, and in most cases social intercourse is discontinued, although friendly feelings on both sides remain.

"I think that an entirely private society not connected in any way with asylums is preferable, and for the reasons just given.

"In my experience in the Buffalo State Asylum there were few persons recovering who were not taken away by their immediate family. The exceptions were mostly cared for by the Superintendents of the Poor; a few were able to care for themselves. An early discharge sometime during the period of convalescence was recognized as desirable in many, perhaps in the majority of cases. A minority were unsuited to receive such liberty, and some few had, by nature of disease, to be retained a long time after full convalescence was established. Of those we wished discharged we could discharge but few, because of the undesirable homes awaiting them, and we were obliged to detain them for a full and unquestioned recovery. Such patients as were discharged during convalescence generally did well; as a rule better, we thought, than if they had remained longer. The need of direct pecuniary help has not been great in my experience. The public authorities have given all that was pressingly needed.

"A [State] convalescent home for the insane is most desirable, and would prove extremely beneficial. It would, I think, require legal provisions for necessary detention, otherwise patients would not remain. Such a home must also be near the family and friends of the patient. To be useful in New York State, one would be needed in the central part of the State and one near New York City. The surroundings should be most cheerful, and there should be an entire absence of institutional features. The trouble with all our asylums is they are too institutional. The true cottage and village plan has never been tried in this country. Even the most acute cases among the public insane can be well cared for in a frame homelike looking house when proper medical supervision and good nursing is employed.

"But the greatest usefulness of such a home would come by the removal of the convalescent from the asylum and by the influence of an anticipation based upon such a change as would give the hope of speedy recovery, of freedom and

restoration to friends. The practical results of such a home would be found in its earlier and earlier use in the stage of convalescence. Under such conditions I believe the recovery ratio would be decidedly increased.

"I believe a convalescent home would be a step of enlightenment and tend to destroy the present illogical and false ideas of asylum structure and asylum care, and would help to promote the true hospital spirit.

"I believe also that restricted 'boarding out' is most beneficial for many of the chronic cases, and is practical under suitable State supervision. I also believe it can be made practicable in this country."

From Dr. Graeme M. Hammond, of New York:

"The plan is eminently useful, and under proper safeguards would be practicable. Why not make such an institution embrace the convalescents of all hospitals and not merely of insane asylums?

"An after-care association should be a private society properly incorporated."

From Dr. John L. Hildreth, Cambridge, Mass., of the Massachusetts State Board of Lunacy and Charity:

"I think some plan should at once be devised for taking care of the convalescent pauper insane.

"At present I have not given the subject sufficient thought so that I could advise either a private charity or convalescent hospital, under the care of the State."

From Dr. Herbert B. Howard, Medical Superintendent of the Asylum for Chronic Insane, Tewksbury, Mass.:

"I think that an after-care plan would work well if the men who have charge of it are sufficiently interested in it.

"It could be conducted satisfactorily either as a public or private charity.

"Any method that takes the insane by easy stages back to normal life is a move in the right direction.

"Six, perhaps eight, of the patients discharged during the past year from this asylum would have been benefited by an after-care association."

From Dr. Henry M. Hurd, President of the American Medico-Psychological Association (formerly Medical Superintendent of the Eastern Michigan Asylum) and Superintendent of the Johns Hopkins Hospital:

"I believe the movement to be most humane and useful.

"It should be managed as a private charity by being wholly divorced from politics or political control. The State should be asked for aid.

"I am of the opinion that it would be practicable to establish convalescent houses in connection with State hospitals for the insane."

From Dr. Henry A. Hutchinson, Superintendent of the Western Pennsylvania Hospital for the Insane:

"I believe the object is a very worthy one, and I think that when placed upon a business basis and managed in a systematic manner, in capable hands, it would result in great good to this class of people. It is a great pity, in this enlightened age, that the general public points the finger of scorn at those who have once lost their reason, but such is the case in my experience. I do not believe that superintendents of large hospitals can give this charitable work much attention, as their time is too much taken up with the management of their own institutions."

From Dr. Philip Coombs Knapp, of Boston:

"I believe that such a plan would be of distinct benefit to many patients, and I see no reason why it could not be made practical in this country as well as elsewhere. The success of similar undertakings for the benefit of discharged criminals would confirm this view.

"If such a society could be established as a private charity I think greater success might be attained.

"I see no reason why State convalescent homes should not be of as much benefit as convalescent homes for general hospitals."

From Dr. Edward B. Lane, Superintendent of the Boston Lunatic Hospital, Austin Farm, Mass.:

"I believe that where the need exists as clearly as this does, there must be a method for its relief, which, if properly managed, will prove practically useful. I am not sufficiently familiar with the workings of such societies to criticise in detail.

"I think the State should assist with financial support, but that the control should rest with a private society.

"I am a firm believer in the benefit of such a State convalescent home for a *small number* of cases, especially women. A slight change of surroundings I have repeatedly observed to act as the initial stimulus of rapid improvement or recovery.

"I have seen mostly chronic asylum cases the past year. I

do not recall a case which would have been helped by such a charity."

From Dr. James Hendrie Lloyd, of Philadelphia:

"I should think that if such a plan has been found practicable in France, England and Switzerland, it would be equally so in America. Of the desirability of such aid to the convalescent insane there can be no doubt.

"A private charity would probably be more zealous and efficient than a purely public body. There would be no reason why a private charity should not receive recognition, and even aid from the State, after it had once proved its usefulness.

"While in State convalescent homes, the patients would still feel themselves under restraint; hence such homes would not supply the place of societies, which would be instrumental in giving aid after the patient was removed from the shelter and support furnished by the asylum.

"Still, such convalescent homes, as furnishing change of air and scene (as at the seaside or mountains) would be a distinct benefit and gain in many cases, and would tend to expedite recovery."

From Dr. Samuel B. Lyon, Medical Superintendent of the Bloomingdale Hospital for the Insane at White Plains, N. Y.:

"In reply to your first enquiry, I may say that there is no question that the patient convalescing or recovered from insanity labors under a disadvantage in pursuing his former employment or career; and the realization of this disadvantage must often retard entire recovery. If he can be helped or bolstered up for a time it might be a decided advantage to him.

"Second. As the great majority of insane patients under treatment are in the direct custody of the State authorities, any provision for the further care of discharged patients, it would seem to me, ought to be under the authority of the State or, certainly, its close supervision, in order that a uniform and judicious system might be followed, and that the State institutions might regard it under these conditions as in some sense adjunct to their hospitals, and might occasionally, in doubtful cases, transfer their responsibility for the safety of patients to a new responsible authority. The homes should not bear the stigma of insane homes; and this might raise a legal difficulty in regard to State jurisdiction over them.

"Third. I am fully convinced of the advantage of separate convalescent buildings in connection with hospitals for the insane, which can be used in the treatment of patients to produce change of feeling with a change of environment, and to

hasten or confirm the convalescence begun in the parent institution.

"Fourth. In every case the patients in the institution with which I am connected, are put here by responsible friends, who continue their watchful interest in them while here, and the moral and pecuniary support which they need during the period of their dependence. But in the public institutions, there must be a great number of patients who have no personal friends or acquaintances capable of rendering this assistance, over whom the State might very properly exercise a temporary guardianship, after they cease to be obviously suitable inmates of a hospital for the insane."

From Dr. Carlos F. MacDonald, recently Chairman of the State Commission in Lunacy, of New York:

"The question of providing for the class of persons referred to, after their discharge from asylums, is a very difficult one, indeed; first, for the reason that such persons are impatient of control, even in an institution which does not involve their legal restraint, and having been discharged as recovered, they cannot legally be compelled to remain; second, in view of the large numbers of insane persons for which public provision must be made, and the heavy burden which such provision lays upon the tax payers, it would be difficult to induce State Legislatures or municipal authorities to appropriate sufficient funds for the establishment of institutions or homes for this class. I doubt, also, if such institutions, in view of the large expense which their establishment and operation would involve, could be permanently maintained as private charities, and while it is undoubtedly true that cases are to be found in every public hospital for the insane, whose insanity is of such a mild and harmless type as to enable them to live comfortably outside of the hospital, it seems necessary to detain them for the reason that, being unable to maintain themselves outside unaided, and being friendless and homeless, they cannot be turned loose upon the community. Furthermore, many such cases are liable to undergo a change as to the form of their insanity, which would render them dangerous, or at least unfit to be at large; hence, the necessity, for the reasons stated, of their retention in the hospital.

"I can readily conceive that a society such as you propose, and composed of practical men and women, with time and means at their disposal, who would give personal attention to the disposition of such cases in suitable private families, and who would maintain an effective supervision of their care and

treatment, might accomplish a most valuable work, both as regards humanity and the public interest.

"In my opinion, such a society should be entirely a private charity and organized somewhat on the lines of our State Charities Aid Association, which is a most worthy voluntary organization. It is sustained entirely by private subscription and has accomplished more practical results in behalf of the dependent classes than any similar organization of which I have knowledge. In fact, it occurs to me that if the Committee on Insane of the State Charities Aid Association could be induced to take up this work, it would be better, in view of their familiarity with the subject, than to undertake to organize a new society for the purpose.

"I do not believe it would be feasible to establish and maintain convalescent homes as departments of our State hospitals."

From Dr. Charles K. Mills, of Philadelphia:

"I believe that after-care associations might be made a success.

"The State should co-operate in the work of such an association.

"State convalescent homes for the insane would, I believe, probably prove useful."

From Dr. S. Weir Mitchell, of Philadelphia:

"After-care of the insane by associations is needed for every reason you mention. Even as regards ordinary hospital insane patients, it is shameful that they go out without such help as you mention, while every released convict in my State, at least, is amply aided. I have often seen the necessity for care of the insane when released.

"Such associations should be at first private, later they may claim State aid.

"Years ago I urged the establishment of State convalescent homes for the insane, but could get no hearing."

From Dr. Thomas G. Morton, Chairman of the Committee on Lunacy of the Board of Lunacy and Charity of Pennsylvania:

"The question appears to be, not whether such a plan as you suggest is feasible, but rather if there is a necessity for such a charity. In the first place, I think that there would be few, very few, of the recovered patients who would seek, accept or require, either aid or supervision after leaving the hos-

pital. The number of the wholly 'cured' discharged patients from our State hospitals is very small, possibly not three per cent. These are generally young persons who have been suddenly stricken with insanity and who recover more or less promptly, and who, as soon as convalescent, are eager to get their discharge and to return to their homes and to work. They early seek to be at liberty, or their friends plead for their discharge, and few, if any, of this class would require further supervising care. Work of some sort or other in the hospital wards or about the farm has been a part of their treatment, so that when discharged by the Medical Superintendent they are supposed to be cured and ready and well enough to resume their usual occupations.

"In regard to the 'improved,' etc., there might be some who would accept further assistance, for there are always applicants to any and every sort of charity, but even these patients have homes and friends who are just as anxious to have them back in their keeping. As you well know, there are no free patients in any of our State institutions. The cost of maintenance in every case is made up in part by the State and in part by the county sending the patient. Security is also required for furnishing clothing, etc., and some responsible party must enter into agreement to remove the patient when directed to do so. Thus no patient can be discharged from any hospital friendless, alone or without suitable protection.

"At this moment, and after many years' experience as one of the Commissioners of Public Charities, I cannot call to mind an instance where any patient of the class you refer to required further aid and supervision after being discharged. Yet I am quite willing to believe that there may be such instances.

"I notice that our indigent insane are referred to in your circular as 'pauper insane.' Pennsylvania does not recognize this class as paupers, nor should our poor insane be compared with the pauper class of Europe, for the conditions are very different. Our poor insane very commonly have become indigent in the effort of the family to care for the insane relative at home, and reluctantly hospital care is sought when the likelihood of poverty presents itself, or when the insane person becomes dangerous or unmanageable, and it is not very unusual for a part of the cost of the maintenance to be voluntarily paid by the family in order to avoid the patient's being considered even as indigent. Our poor are not by any means so destitute as the term 'pauper' would imply. They are workers with fair wages, have homes and often something in reserve, so that on leaving the hospital the patient has more or less favorable surroundings. The statement that 'these unfortunates are also distrusted and prevented from obtaining employment simply because they have been inmates of an asylum,' I am well satis-

fied is not well founded. It is said to be so in regard to those leaving our penitentiaries and jails, but not so in regard to patients discharged from our hospitals for the insane.

"At all events the plan you have proposed might be undertaken, but it should be supported as a purely private charity, and I should question the advisability of any congregate care. A country home or place suited to the individual would be preferable, and the State should not be expected to give any assistance unless after thorough experience it can be conclusively demonstrated that the discharged cured or improved patients require further aid than the hospital can afford. But such assistance, if required, might be afforded in permitting such patients who would be recommended by the Medical Superintendent of the hospital to reside in small cottages upon the grounds of the hospital, built for this special purpose, apart from the main hospital building, and provided only with such supervision as would be needed to secure the general comfort and well-being of the inmates, but without custodial care or restraint.

"I am, as you see, not in favor of increasing our already too numerous charitable institutions, but believe rather in carefully directed individual assistance, which might be given without publicity and in an inexpensive manner."

From Dr. Charles W. Page, Medical Superintendent of the Danvers Lunatic Hospital, Danvers, Mass.:

"Such an organization would serve a good end in a few cases.

"It should be entirely a private charity.

"I should not think it probable from the experience I have had that State convalescent homes are needed. It would be an excellent device for a few cases, but comparatively few patients from this hospital would patronize such an institution if established.

"I do not recall any special case of the sort described within a year. Perhaps half a dozen cases each year might be persuaded to go to such a temporary home."

From Dr. Frederick Peterson, of New York:

"I believe that an after-care society of this character would be very useful and beneficent.

"It should be a private charity, as it is improbable that the State would contribute anything to its support.

"There is no doubt that convalescent homes at the seashore or in the mountains would be of great value when in conjunction with our large asylums. This is a not uncommon thing abroad and there are asylums in this country that have put the same plan into successful operation."

From Dr. Charles W. Pilgrim, Medical Superintendent of the Hudson River State Hospital, Poughkeepsie, N. Y.:

"I do not think I can better answer your question than by quoting from a paper which I recently wrote:

" ' There should then be established in connection with each large State plant a small detached hospital and a convalescent cottage for each sex.

"The convalescent homes it would be well to mave some distance from the parent institution, and far enough away to insure a complete change of scene and mode of living. My experience leads me to believe that it is exceedingly difficult to tell just when a patient should be discharged and returned to his old life, and I believe the difficulty would be overcome if we had cottages for convalescents where doubtful cases, especially friendless ones, could be sent for a time to be prepared for renewing the struggles of outside life. It is true that we have a partial solution of the difficulty in the system of parole by which we are enabled to permit patients to go home on a trial visit of thirty days before final discharge. This practice, however, cannot be put in force where the patient is without home and friends, and it is such cases that occasion us the most anxiety. In England and France they recognize the fact that

'Tis not enough to help the feeble up,
But to support him after,

and in the former country they have what is known as an after-care association, and in the latter convalescent homes, where suitable cases are provided for for a period of from four to six weeks. Friendless ones are helped to obtain employment, and assistance is rendered in many ways.

"There is also a provision of law in this State permitting superintendents to furnish suitable clothing and money to an amount not exceeding \$20 whenever it is thought advisable to do so.

"I think probably it would be more satisfactory to have the State undertake the work. One home could be made to answer for all the State hospitals.

"I think that in a State like New York the entire population of the State hospitals would be able to furnish a sufficient number of patients to warrant the establishment of at least one home.

"There were quite a number discharged from this hospital during the past year to whom such a home would have been beneficial, but there were not more than a half dozen cases

who were entirely without friends to manifest interest in them.'"

From Dr. James J. Putnam, of Boston:

"I am heartily in sympathy with the plan as outlined in the circular.

"I think it would be much better that the arrangement should start as a private charity. Its promoters would be much more free at first to work out their plans in this way. Later, the State might properly assume the *supervision* and the expense."

From Dr. A. B. Richardson, Medical Superintendent of the Columbus State Hospital, Columbus, Ohio:

"If a system of supervision could generally enlist the co-operation of a few people in every community, I believe much could be done to disarm the prejudice that exists against convalescents from insanity, and something could doubtless be accomplished to secure them employment and homes in families. It seems to me this should be done as a branch of charitable work by private means entirely.

"I can scarcely see how the State could undertake the expense which a successful operation of such a plan would entail. It would require the co-operation of many individuals. Most patients in our hospitals are so closely connected to family and relatives that their cases must be supervised in the neighborhood from which they came. Possibly the State might be the leader or organizer and maintain the patient.

"For a State institution, I fear it will be found difficult to provide anything practicable at State expense that will not be itself simply another form of hospital or institution, and not have much of the home life for which it is sought to make it a preparation. A longer stay in the parent hospital would probably accomplish almost as much, at least as much as is practicable, as a State charity.

"I do not believe that the number with us that would be benefited by such homes is sufficient to justify their expense. They might be more practicable than I now think, but it seems to me their utility would be comparatively limited. Danger from recurrence is not limited to the first month or two after leaving the hospital, but exists for many months. Convalescence after mental disease is notoriously uncertain in the conditions that will encourage it. Sometimes, indeed often, I have found a return to home life the very best promoter of convalescence I could employ. I, for my part, must confess that I know of no reliable way of anticipating in which cases such influence is to be expected.

"I do not believe any estimate I can make would be reliable. Two hundred and one patients were discharged as recovered or improved. Probably ten per cent. of these is a liberal estimate of the number which would be really benefited in a practical way by such an association."

From Miss Louisa Lee Schuyler, Chairman of the Committee on Legislation for the Insane of the State Charities Aid Association:

"There is great need of the establishment of some system of assisting the insane, who are convalescent, in the way suggested. I am inclined to favor the plan of boarding in families at the expense of the State such discharged patients as need this temporary assistance. The assistance of private charities should be enlisted for the purposes of visitation and for whatever friendly assistance they may be able to give, but I would place the actual control, the entire responsibility, and the entire support, in the hands of the State.

"I am not inclined to favor, upon first consideration, the establishment of State convalescent homes, feeling that it would be better for the recovered patients to share the ordinary life of the family and the community."

From Dr. E. V. Scribner, Medical Superintendent of the Worcester Insane Asylum, Worcester, Mass.:

"I regard the undertaking as both practicable and desirable.

"My present thought would favor a private undertaking.

"I think also that State convalescent homes would accomplish a useful purpose.

"No patients have been discharged during the past year from this institution [for the chronic insane] who would properly come in this class, though in many former years there have been a few cases."

From Dr. Wharton Sinkler, of Philadelphia:

"I believe that it is of the utmost importance that some provision should be made for the after-treatment of patients who have been in insane asylums. I believe that many relapses occur because no suitable care has been taken of convalescent patients, not only in the care of pauper insane patients, but quite as much so in regard to patients in the better classes of life. The society, such as is proposed by your Committee, would be of the greatest value to the community.

"As the cases which the society is intended to reach are mainly paupers, I believe that the co-operation of the State in this work would add greatly to its usefulness. I believe that

there will be no difficulty in obtaining aid from the State for such an institution.

"Probably the best plan for obtaining beneficial results from the work of such a society would be to establish State convalescent homes for the insane. This would enable the authorities to have a more thorough knowledge of the patients whom they are admitting than in any other way. By having convalescent homes, occupation could be given the patients at an earlier period than if they were given public work to do."

From Dr. M. Allen Starr, of New York:

"There can be no question as to the utility of such an undertaking (after-care associations), and it is evidently one which should commend itself not only to physicians, but also to the State.

"The co-operation of the State by the establishment of convalescent homes to which State patients could be sent is most desirable, but private societies should also be established for the same purpose."

From Dr. H. P. Stearns, Medical Superintendent of the Retreat for the Insane, Hartford, Conn.:

"I think such a transitional home as is referred to would be practical, and it might be most useful for a large number of patients who are discharged yearly from the State hospitals. With such a provision many patients might be discharged sooner than they can be under present conditions, and would certainly be much more likely to remain well after their return to their homes.

"I think they should be supported by the State, whether the homes are connected with hospitals directly or not. Certainly the great majority of patients who would need to be benefited by such a home are under State care and supervision, and should remain so until they can be restored so far as to be able to properly care for themselves, or be cared for by friends, without danger of relapse from such weakness of the nervous system as usually follows attacks of insanity.

"I also think it probable that benefit to a sufficient number of patients would result from the establishment of convalescent homes, as departments of, but at a distance from, our State hospitals for the insane.

"As I usually have comparatively few patients who are supported by the State or towns where their homes are, any statement I could make on this point of inquiry would be of little value in a practical way."

From Dr. Selden H. Talcott, Medical Superintendent of the Middletown State Homeopathic Hospital, New York:

"About five years ago I wrote a few lines concerning the establishment of country homes for convalescent patients, and protracted cases. I send you a copy of our twenty-first annual report, and in it, on pages 63, 64, 65 and 66, you will find a description of the plan which we outlined at that time. If we could have such convalescent homes established and maintained by the State, then we could place therein certain patients whose condition seems to have so far improved as to make it useless to keep them longer under treatment in a general hospital. If an improved, quiet and harmless patient has no means of his own, and no friends and no home to go to, and no employment, then it is certainly unwise to thrust such a patient back into the community. If a homeless and friendless insane person recovers in full, then he might be returned to a county almshouse for care and protection until he is able to care for himself, or until some one else is ready to take care of him. If a private association could be organized for the purpose of helping those who are discharged from our State hospitals as recovered, that would be a wise and beneficent thing to do. I do not see how the State could venture to provide for those who are sane in mind and sound in body. If the State could do this for a recovered lunatic, then it could properly take care of everyone in the community. But private enterprise seeks now to engage in all kinds of home missionary work, and the care of recently discharged patients from our public hospitals is a task to which home missionaries might well direct their attention and their energies. If the State would establish convalescent homes for patients who are recovering, but who are not yet fully restored to health, then quiet and harmless patients might find a safe and comfortable retreat in such places until they could properly and wisely be discharged from the wardship of the State.

"In conclusion, therefore, I will endeavor to answer your questions seriatim:

"(1) Help for recovered persons recently discharged from public or private hospitals is most positively of "practical utility," especially when these persons are poor and trying to make a new start in life. Recently discharged patients often need as much care, protection, help and support as children or young persons who are just beginning a career in education or in toil.

"(2) It seems to me that after the State has finished its work of caring for a patient in a hospital, and has returned that patient, furnished with good clothing and a fair amount of money, to his home, then private charity should conclude the work of restoring the recovered patient to his normal position as a worker and self-supporter in the community. The State

should not cease from caring for a patient until that patient is fully restored to health, and thus rendered capable of self-care.

"(3) With regard to the establishment of convalescent homes at a distance from each State hospital for the insane, I will refer you to the twenty-first annual report of this hospital, page 63. I believe that the establishment of such homes would result in great benefit to many of our patients who become tired of living year after year in one place, and consequently discouraged and dispirited.

"(4) It is not our custom to allow unrecovered and helpless patients to return to their homes unless the friends have sufficient means to properly care for them.

"P. S.—If a society for the aid of recently discharged patients from hospitals for the insane could be organized, and a suitable fund raised, the interest on this fund might be applied toward procuring temporary boarding places for those who have no homes, and who are out of employment, until work can be obtained, and consequent self-support insured. Under our present method, not more than three or four per year would require aid from such a society as you have mentioned."

From Dr. J. Madison Taylor, of Philadelphia:

"After-care associations would be most valuable and most important. I have often felt the need of such aid for the discharged insane, and would welcome any measures directed to that end.

"Such associations should be private for the present, later the State might be drawn upon.

"I am not capable of differentiating, but incline to the analogy of the convalescent home which has proved so valuable."

From Dr. H. A. Tomlinson, Superintendent of the St. Peter State Hospital of Minnesota:

"I believe that such an undertaking would be practicable and of inestimable advantage to the class of patients in our State hospitals who are now compelled to take up immediately, and commonly under very adverse circumstances, the cares and responsibilities of bread-winning and the care of a family.

"It would probably have to be begun as a private charity, but after it is once established and its advantages shown, public aid would be forthcoming and could be advantageously combined with private interest. The private interest should always be kept up, however, as it serves to stimulate and encourage the convalescent to face the world again after residence in a hospital.

"Of the two hundred and eighty recovered and improved patients discharged during the past biennial period, all of the women and most of the men would have been much more certain of remaining permanently well mentally, if they could have spent a month or two in a convalescent home.

"Among the unintelligent and illiterate, the desire to leave the hospital as soon as possible is very strong, and this is shared and often exceeded by the anxiety of the family or relatives. A convalescent home, therefore, as a half-way house, would act as a check upon this eagerness to get away from the restraint of hospital life, and which, on account of lack of room and facilities, bears unnecessarily hard sometimes on convalescents.

"For the same reason that they are useful for patients suffering from general disease (State) convalescent homes or cottages would be advantageous for the insane, and they should be under the control of the hospital in order to keep up the necessary *régime*, as convalescent patients do not have much self-control and need constant stimulation to engage in useful occupation and activity to prepare them to again take up the responsibilities of life."

From Dr. John W. Ward, Medical Director of the New Jersey State Hospital for the Insane, Trenton, N. J.:

"Such an undertaking is most commendable, and excellent in theory, but I much fear would be attended with almost insuperable difficulties in being carried out in this country. It is worth a trial, however, for its object is humane, and I will gladly render any assistance in my power to further the object.

"As a private charity, I fear that the results would not be as successful as we should wish them to be. It might, however, be successfully carried out if the State assumed the charge and cost of the work. As a matter of fact, it would be economical to the counties from which such patients are sent and to the State as well, in those States that give State aid in the maintenance of the insane.

"A State convalescent home should not be a department of the State hospital, but should be under a separate management. Hospitals could and should co-operate, but not have any part in the control. This should not be located in the immediate vicinity of the hospitals, and others than the officials of the hospitals should be made responsible for the management.

"It is difficult to give a specific, definite answer as to numbers; possibly eight or ten patients were discharged from this hospital in the past year who might have been benefited by an after-care association."

From Dr. Henry M. Wetherill, Secretary of the Committee on Lunacy of the Board of Public Charities of Pennsylvania:

"I consider the plan to extend relief or after-care to indigent insane, who have been discharged from institutions, an excellent one for any community which contains a considerable number of persons requiring it.

"As a rule, the indigent insane of Pennsylvania have homes to which they return after residence as patients in hospitals or other places, or they are admitted to the institutions at the request or instance of Boards of Directors of the Poor, or County Commissioners, to whose care they return when discharged from institutions, so that for the State at large I feel that, as a generally applied charity, this plan would operate in favor of a relatively small number. I do think, however, that this plan of relief would apply with considerable benefit if tried in such large and crowded centres of population as Philadelphia, Pittsburgh and, possibly, Scranton and Erie, the two latter because one is the centre of an immense floating, foreign, mining and laboring population, and the other touches the lake traffic. It would seem, also, as though Pottsville, the centre of hard coal production south of the Lehigh, might also afford a useful relief station. For a beginning, the localities offering the best fields for trial would be Philadelphia and Pittsburgh. I am free to say, however, that this relief would apply even in these to a relatively moderate number in any year, if the benefit were to be restricted to the absolutely needy and homeless. As in dispensary work, there would be a rush for relief on the part of the friends of some discharged subjects whose after-care should be a home and family duty, and discrimination and selection of cases would involve much time and trouble, yet this should deter no one from extending relief to proper subjects.

"I believe that the plan, if tried, should be started in the most favorable locality—Philadelphia—and as a private charity, because the work is, so far, entirely experimental and might be considered by some to be rather Utopian. I do not think that State aid should be invoked to *start* such a work. The indigent insane of this State require very much at this time, both as to increased accommodations and facilities for thorough classification—questions of State aid which touch their well-being far more closely than the subject of their *after-care*.

"In visiting our public institutions for the insane I see a moderate number of uncured, indigent patients who might leave the hospital if there were any home or place for them to go, but most of these are near the large cities. As to such chronic insane, it must be remembered that the State Asylum for the Chronic Insane, at South Mountain, Berks County, contains many such cases, as I have taken care, in selecting its

population, to place homeless, friendless, chronic, working patients therein. The capacity of the asylum is eight hundred.

"I hope that what I have said here may be of some service to you in the question under discussion, but I cannot help feeling that, except in one or two cities, this plan would have but a limited application. I believe that, in twenty-five years more, it would have a much more extended one, unless the broken-down, defective and insane poor from other countries are prevented from landing on our shores."

From Dr. Peter M. Wise, Chairman of the State Commission in Lunacy and formerly Superintendent of the St. Lawrence State Hospital, Ogdensburg, N. Y.:

"I think your questions are all answered in the little paper I enclose, as far as I am able to answer them. My opinions have not changed materially since writing it.

"I sincerely believe, however, that any attempt on the part of the State, or municipalities to do this work, would result in failure. It calls for a personal effort that only comes with a volunteer service."

"The desideratum would be the combined and harmonious efforts of science and benevolence in the direction of attempted work, and in a gratifying measure successfully accomplished in the Parisian after-care institution. After-care must necessarily be free from the jurisdiction of government, either State or municipal; hence it must be voluntarily accepted by the patient. Conditional discharges from asylums could be made for periods varying with the requirements of each case, such periods to be determined by the opinion of the physician; and hence free of sentiment and based entirely upon the history of the attack and its exciting cause, and also upon a required knowledge of home conditions. The latter can generally be measured with considerable accuracy during earlier convalescence, provided the confidence of the patient is invited. A change of residence that might be considered as upon the road towards home, providing discharge were conditional upon it, would not be difficult, I apprehend, of receiving the approval of the patient. Friends would necessarily be treated as they deserved, and in the larger number of cases could be reasonably appealed to upon the argument of future health and mental stability. It is, however, the home need for the patients' labor that at once establishes both the urgency of the call for them in the earliest days of convalescence, and the greatest danger of relapse in the dependent insane that form the mass of our insane population. The strain of living, working and worrying for others is taken up at that period in the healing process when any strain is dangerous. A hus-

band, upon whose labors depend the family living, and a wife whose household ministrations seem an absolute necessity, are oft-told tales for us. These form, I believe, the commoner instances of relapse in otherwise hopeful cases. Then, too, there is a considerable proportion of cases that have broken down under bread-winning efforts; that are wholly dependent upon labor for subsistence, and that have no home or refuge to serve as a medium between the hospital and renewed struggle. These are the cases for which our London brethren have enlisted their sympathies and have given their aid, and are especially the subjects for charitable cognizance.

“But it has not been my intent to either propose methods or make a charitable appeal. I want to impress my belief that a large proportion of relapses are the result of premature discharges, and are avoidable by some means of care interposed between the asylum and the home, or the irritation—whatever it may be—in order to permit organic recovery and renewed evolution of psychical integrity and “resistance.” I believe this need is as absolute as the tender care required for the ulcerated *insulæ Peyeræ* in typhoid convalescents after the return of the appetite and the healthful feeling. It cannot be ignored and until we lend our countenance to reform in after-treatment by “after-care,” we cannot expect any reduction in the proportion of those who relapse after first recoveries.’”

PRESS OF RAFF & CO
512 TO 516 WEST 41ST STREET,
NEW YORK.
